Public hospital

A **public hospital** or **government hospital** is a hospital which is owned by a government and receives government funding. In some countries, this type of hospital provides medical care free of charge, the cost of which is covered by government reimbursement.

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Australia

In Australia, public hospitals are operated and funded by each individual state's health department. The federal government also contributes funding. Services in public hospitals for all Australian citizens and permanent residents are fully subsidized by the federal government's Medicare Universal Healthcare program. Hospitals in Australia treat all Australian citizens and permanent residents regardless of their age, income, or social status.

Emergency Departments are almost exclusively found in public hospitals. Private hospitals rarely operate emergency departments, and patients treated at these private facilities are billed for care. Some costs, however (*pathology, X-ray*) may qualify for billing under Medicare.

Where patients hold private health insurance, after initial treatment by a public hospital's emergency department, the patient has the option of being transferred to a private hospital.

Brazil

The Brazilian health system is a mix composed of public hospitals, non-profit philanthropic hospitals, and private hospitals. The majority of the low- and medium-income population uses services provided by public hospitals run by either the state or the municipality. Since the inception of 1988 Federal Constitution, health care is a universal right for everyone living in Brazil: citizens, permanent residents, and foreigners. To provide this service, the Brazilian government created a national public health insurance system called SUS (Sistema Unico de Saúde, Unified Health System) in which all publicly funded hospitals (public and philanthropic entities) receive payments based on the number of patients and procedures performed. The construction and operation of hospitals and health clinics are also a responsibility of the government.

The system provides universal coverage to all patients, including emergency care, preventive medicine, diagnostic procedures, surgeries (except cosmetic procedures) and medicine necessary to treat their condition. However, given budget constraints, these services are often unavailable in the majority of the country with the exception of major metropolitan regions, and even in those cities access to complex procedures may be delayed because of long lines. Despite this scenario, some patients were able to successfully sue the government for full SUS coverage for procedures performed in non-public facilities.[1]

Recently, new legislation has been enacted forbidding private hospitals to refuse treatment to patients with insufficient funds in case of life-threatening emergencies. The law also determines that the healthcare costs in this situation are to be paid by the SUS.

Canada

In Canada all hospitals are funded through Medicare, Canada's publicly funded universal health insurance system and operated by the provincial governments.[2] Hospitals in Canada treat all Canadian citizens and permanent residents regardless of their age, income, or social status.

India

In India, public hospitals (called Government Hospitals) provide health care free at the point of use for any Indian citizen. These are usually individual state funded. However, hospitals funded by the central (federal) government also exist. State hospitals are run by the state (local) government and may be dispensaries, peripheral health centers, rural hospital, district hospitals or medical college hospitals (hospitals with affiliated medical college). In many states (like Tamil Nadu) the hospital bill is entirely funded by the state government with patient not having to pay anything for treatment. However, other hospitals will charge nominal amounts for admission to special rooms and for medical and surgical consumables. The reliability and approachability of doctors and staff in private hospitals have resulted in preference of people from the public to private health centers.[3] However state owned hospitals in India are known for high patient load.

Norway

In Norway, all public hospitals are funded from the national budget[4] and run by four Regional Health Authorities (RHA) owned by the Ministry of Health and Care Services. In addition to the public hospitals, a few privately owned health clinics are operating. The four Regional Health Authorities are: Northern Norway Regional Health Authority, Central Norway Regional Health Authority, Western Norway Regional Health Authority, and South-eastern Norway Regional Health Authority.[5][6] All citizens are eligible for treatment free of charge in the public hospital system. According to The Patients' Rights Act,[7] all citizens have the right to Free Hospital Choices.[8]

South Africa

South Africa has private and public hospitals. Public hospitals are funded by the Department of Health. The majority of the patients use public hospitals in which patients pay a nominal fee, roughly $3–5. The patients point of entry usually is through primary health care (Clinics) usually run by nurses. The next level of care would be district hospitals which have General Practitioners and basic radiographs. The next level of care would be Regional hospitals which have general practitioners, specialists and ICU's, and CT SCANS. The highest level of care is Tertiary which includes super specialists, MRI scans, and nuclear medicine scans.

Private patients either have healthcare insurance, known as medical aid, or have to pay the full amount privately if uninsured.

United Kingdom

In the UK public hospitals provide health care free at the point of use for the patient. Private health care is used by less than 8 percent of the population. The UK system is known as the National Health Service (NHS) and has been funded from general taxation since 1948.

United States

In the United States, two thirds of all urban hospitals are non-profit. The remaining third is split between for-profit and public, public hospitals not necessarily being not-for-profit hospital corporations. The urban public hospitals are often associated with medical schools.[9][10] The largest public hospital system in the U.S. is NYC Health + Hospitals.

Ben Taub General Hospitalin Houston, Texas

History

The safety-net role of public hospitals has evolved since 1700s when the first U.S. public hospital sheltered and provided medical healthcare to the poor.[11] Until the late 20th century, public hospitals represented the "poor house" that undertook social welfare roles. The "poor house" also provided secondarily medical care, specifically during epidemics. For this reason, these "poor houses" were later known as "pest" houses. Following this phase was the "practitioner period" during which, the then welfare oriented urban public hospitals changed their focus to medical care and formalized nursing care. This new phase was highlighted by the private physicians providing care to patients outside their private practices into inpatient hospital settings. To put into practice the demands of the Flexner Report published in 1910, public hospitals later benefitted from the best medical care technology to hire full-time staff members,[9] instruct medical and nursing students during the "academic period".[11] The privatization of public hospitals was often contemplated during this period and stalled once an infectious disease outbreak such as influenza in 1918, tuberculosis in the early 1900s, and the polio epidemic in the 1950s hit the U.S.. At this time, with the goal to improve people's health and welfare by allowing for effective health planning and the creation of neighborhood health centers, health policies like the Social Security Act were enacted.[9] This was followed by Medicare and Medicaid Act in 1965 that gave poor people in the U.S., access to inpatient and outpatient medical care[12] from public hospitals after racial segregation ended in the South. With their mandate to care for low income patients, the public hospital started engaging in leadership roles in the communities they care for since the 1980s.

Repercussions of accumulated uncompensated care

In the U.S., public hospitals receive significant funding from local, state, and/or federal governments. Currently, many urban public hospitals in the U.S. playing the role of safety-net hospitals, which do not turn away the underinsured and uninsured such as the vulnerable ethnic minorities,[12] may charge Medicaid, Medicare, and private insurers for the care of patients. Public hospitals, especially in urban areas, have a high concentration of uncompensated care and graduate medical education as compared to all other American hospitals. 23% of emergency care, 63% of burn care and 40% of trauma care are handled by public hospitals in the urban cities of the United States.[13] Many public hospitals also develop programs for illness prevention with the goal of reducing the cost of care for low-income patients and the hospital, involving Community Health Needs Assessment and identifying and addressing the social, economic, environmental, and individual behavioral determinants of health.[11][13]

For-profit hospitals were more likely to provide profitable medical services and less likely to provide medical services that were relatively unprofitable. Government or public hospitals were more likely to offer relatively unprofitable medical services. Not-for-profit hospitals often fell in the middle between public and for-profit hospitals in the types of medical services they provided. For-profit hospitals were quicker to respond to changes in profitability of medical services than the other two types of hospitals.[14]

Public hospitals in America are closing at a much faster rate than hospitals overall. The number of public hospitals in major suburbs declined 27% (134 to 98) from 1996 to 2002.[15] Much research has proven the increase in uninsured and Medicaid enrollment entwined to unmet needs for disproportionate share subsidies to be associated with the challenges faced by public hospitals to maintain their financial viability as they compete with the private sector for paying patients. Since the creation of the Affordable Care Act (ACA) in 2010, 15 million of the 48 million previously uninsured receive Medicaid. It is projected that this number will grow to about 33 million by 2018.[16] The provision of good quality ambulatory specialty care for these uninsured and Medicaid enrolled patients has particularly been a challenge for many urban public hospitals. This accounts for many factors ranging from a shortage of

specialists who are more likely to practice in the more profitable sectors than in the safety-net, to the lack of clinical space. To overcome this challenge, some public hospitals have adopted disease prevention methods, the increase of specialty providers and clinics, deployment of nurse practitioners and physician assistants in specialty clinics, asynchronous electronic consultations, telehealth, the integration of Primary Care Providers (PCP) in the specialty clinics, and referral by PCP's to specialists.[11][16]

See also

- The Waiting Room (documentary)
- Private hospital

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